

Aaron A. Rivers Reg# 15621-380

Name and Prisoner/Booking Number

Victorville Medium #8

Place of Confinement

Federal Correctional Institution, P.O. Box 3850

Mailing Address

Adelanto, California 92301

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

FILED	RECEIVED	LODGED
		COPY
JAN 29 2018		
CLERK U.S. DISTRICT COURT		
DISTRICT OF ARIZONA		
DEPUTY		

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA

Aaron Andrew Rivers  
(Full Name of Plaintiff)

Plaintiff,

**CV 18-0053 TUCFRZPSOT**

vs.

) CASE NO.

) (To be supplied by the Clerk)

(1) Federal Bureau of Prisons  
(Full Name of Defendant)

(2) Unit Manager Rodriguez

(3) S.I.S. Lieutenant Marion

(4) S.I.S. Officer Contreras

Defendant(s).

Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

Original Complaint  
 First Amended Complaint  
 Second Amended Complaint

**"JURY TRIAL DEMANDED"**

**"CIVIL RIGHTS COMPLAINT BY A PRISONER"**

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

28 U.S.C. § 1343(a); 42 U.S.C. § 1983  
 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).  
 Other: \_\_\_\_\_

2. Institution/city where violation occurred: Federal Correctional Institution, Tucson, Tucson, Arizona

**B. DEFENDANTS**

(Defendants all denied giving first name)

1. Name of first Defendant: Mrs. Rodriguez The first Defendant is employed as:  
Unit Manager at F.C.I. Tucson.  
(Position and Title) (Institution)
2. Name of second Defendant: S.I.S. LT. Marlow. The second Defendant is employed as:  
Special Investigation Agent (SIS) LT. at Tucson, F.C.I..  
(Position and Title) (Institution)
3. Name of third Defendant: S.I.S. Office Contracts. The third Defendant is employed as:  
Investigation Officer at F.C.I., Tucson.  
(Position and Title) (Institution)
4. Name of fourth Defendant: Federal Bureau of Prisons. The fourth Defendant is employed as:  
F.B.O.P. at F.B.O.P..  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

**C. PREVIOUS LAWSUITS**

1. Have you filed any other lawsuits while you were a prisoner?  Yes  No
2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: N/A v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: N/A v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: N/A v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

## D. CAUSE OF ACTION

### COUNT I

1. State the constitutional or other federal civil right that was violated: Discrimination due to Sexual Orientation, and Being treated in a humane manner.

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

- Unit Manager Rodriguez denied assistance to me when reported to her I was being discriminated against as well as Sexually Harassed in the unit and on the compound. Then reported to an "INMATE" that I was snitching to which cause me to be physically assaulted by 3 separate Inmates (at 2 separate times).
- S.I.S. Lt. Marlow. Told me to my face he did not believe my story and also did not conduct any investigation towards my attack, then told me he would only send me to a "good" compound if I gave up information on inmates. Then sent me to an "Active federal" prison. That has political rules against individuals of my lifestyle clearly not taking my safety serious at all.
- S.I.S. Lt. Conteras. Did the same actions as S.I.S. Lt. Marlow but also lied to me about where he was sending me.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

I was attacked by 3 separate inmates due to information divulged to an inmate by B.O.F. Staff member Unit manager Rodriguez. Head Trauma, Knee Injury, and back injury sustained as well as U.P.T.S. D. Mental Health Trauma.

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- b. Did you submit a request for administrative relief on Count I?  Yes  No
- c. Did you appeal your request for relief on Count I to the highest level?  Yes  No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

Filed all Administrative remedies, B.P.U final remedy was denied to allegation of illegal document "provided"

**COUNT II**

1. State the constitutional or other federal civil right that was violated: Discrimination

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input checked="" type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what **each** Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

*S. I. S. Supervisor Lieutenant Marlow  
attempted to endanger my life and safety by  
after telling him I and an ex-gang member  
he told me that I could be going to a "drop-out"  
yard but instead had me sent to an "active"  
gang member yard clearly placing me in immediate  
danger.*

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

*Mentally injured by having my anxiety and  
paranoia stay intact and fearing being placed in  
care 2 status in the mental health dept.*

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- Did you submit a request for administrative relief on Count II?  Yes  No
- Did you appeal your request for relief on Count II to the highest level?  Yes  No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. *NA*

### COUNT III

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

Basic necessities       Mail       Access to the court       Medical care  
 Disciplinary proceedings       Property       Exercise of religion       Retaliation  
 Excessive force by an officer       Threat to safety       Other: \_\_\_\_\_

**3. Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

\_\_\_\_\_

## 5. Administrative Remedies.

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No

b. Did you submit a request for administrative relief on Count III?  Yes  No

c. Did you appeal your request for relief on Count III to the highest level?  Yes  No

d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

**E. REQUEST FOR RELIEF**

State the relief you are seeking:

An investigation into F.B.O.P. Staff members that will entail rigorous and extensive overseeing of actual treatment to "Homosexual" and "Disabled" inmates, as well as the safety of Inmates since the staff at FCC Tucson clearly avoids the Rules and Rights including regulations of B.O.P. Policy. — Also to receive a substantial amount of money for the pain and suffering and mental anguish I suffered and still am enduring. \$1.5 million for all Rights violated, as well as discrimination, character defamation, and mental and physical pain endured seems a reasonable amount. Thank you.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-31-2017

DATE

SIGNATURE OF PLAINTIFF

ADAM GUZMAN #34740380 

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

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(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.